

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application A

'Fireman's Carry LLC'

for Class E Household Goods
Certificate

(Please type or print)

Submitted by: Fleming, David

Address: 46 Kennedy St.
Charleston, SC 29403

Telephone: 646-512-3691

Fax:

Other:

Email: Fireman's Carry Movers @ Gmail . com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☒ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Ad

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 26 Sept. 2012

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties) _____

Amended Scope:
(list counties) _____

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

FireMan's Carry LLC.

46 Kennedy St., Charleston, SC 29403

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

646.512.3691

Phone

FAX

FiremansCarry Movers @ Gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

LLC ; David Fleming, President
Todd Delamieilleure, director of
development

4. Applicant proposes to operate service as follows: (Check one.)

☒ Intrastate Only

☒ Interstate Only

☒ Both

5. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

☐ Yes

☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

6. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

☐ Yes

☒ No

If yes, list dates and nature of convictions below.

7. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

☐ Yes

☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month September Year 2012

Assets:

Cash	\$ 6,000
Receivables	—
Real Estate	\$ 100,000
Buildings and Equipment (Net)	\$ 1,000
Motor Vehicles (Net)	\$ 2,000
Garage Equipment (Net)	—
Machinery and Tools (Net)	—
Supplies on Hand	\$ 500
Prepays and Other Assets	—
Total Assets *	\$ 109,500
<u>Liabilities and Equity:</u>	
Accounts Payable	—
Notes Payable	—
Mortgages Payable	—
Equipment Obligations	—
Accrued Salaries and Wages	—
Other Accrued Obligations	—
Other Liabilities	—
Total Liabilities	\$ 0
Capital Stock	—
Retained Earnings	—
Total Equity	\$ 0
Total Liabilities and Equity *	\$ 0

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

- \$ 90 - \$ 130 per hour, based on Services needed.
- minimum 3 hours.
- + \$ 40 per hour per additional mover needed.

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
- ☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

FireMan's Carry LLC.

Name of Applicant

46 Kennedy St. Charleston, SC 29403

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 742.00

Limits 1,000,000/2,000,000

Cargo Insurance \$ — 2800⁰⁰ / 100.00

Limits — 2500

* Attach Certificate of Insurance if available.

Cert. of Insurance Attached

Name of Insurance Company

CT Landers Ins. Agency.
Home Office Address of Company 749 St. Andrews Blvd
Charleston, SC 29407

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/1/2012
Date

W. H. Lander, Jr.
Authorized Insurance Company Representative's Signature

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

9/19/2012

NAIC CODE

T. Lowndes - Charleston Office

19 St. Andrews Blvd.

Charleston SC 29407

CONTACT: Julia Hassell, CISR

PHONE (843) 763-0120

FAX (843) 763-0272

EMAIL: jhassell@ctlowndes.com

CODE: SUB CODE:

AGENCY CUSTOMER ID: 00055140

CARRIER

Quote Only

UNDERWRITER:

UNDERWRITER OFFICE:

POLICIES OR PROGRAM REQUESTED

POLICY NUMBER

GL

GL APP

INDICATE SECTIONS ATTACHED

ELECTRONIC DATA PROC

TRUCKERS/MOTOR CARRIER

ACCOUNTS RECEIVABLE/

EQUIPMENT FLOATER

UMBRELLA

VALUABLE PAPERS

GARAGE AND DEALERS

VEHICLE SCHEDULE

BOILER & MACHINERY

GLASS AND SIGN

WORKERS COMPENSATION

BUSINESS AUTO

INSTALLATION/BUILDERS RISK

YACHT

☒ COMMERCIAL

OPEN CARGO

GENERAL LIABILITY

PROPERTY

CRIME/MISCELLANEOUS CRIME

TRANSPORTATION/

DEALERS

MOTOR TRUCK CARGO

DRIVER INFO SCHEDULE

STATUS OF TRANSACTION

PACKAGE POLICY INFORMATION

QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES				
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME	<input checked="" type="checkbox"/> AM		DIRECT BILL		
CANCEL	9/19/2012	12:01	PM	10/1/2012	10/1/2013	<input checked="" type="checkbox"/> AGENCY BILL	PACKAGE POLICY PREMIUM: \$ 0.00

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)

Fireman's Carry, LLC

MAILING ADDRESS INCL ZIP+4 (of First Named Insured)

46 Kennedy Street

Charleston

SC 29403

EIN OR SOC SEC #

of First Named Insured:

PHONE

(646) 512-3691

(A/C, No, Ext):

EMAIL: dbfleming@gmail.com

WEBSITE ADDRESS(ES):

INDIVIDUAL CORPORATION

SUBCHAPTER "S" CORPORATION ☒ NOT FOR PROFIT ORG

LLC NO. OF MEMBERS AND MANAGERS

CR BUREAU NAME:

DATE BUS STARTED 2012

PARTNERSHIP JOINT VENTURE

ID NUMBER:

INSPECTION CONTACT: Dave Fleming

ACCOUNTING RECORDS CONTACT:

PHONE (646) 512-3691

E-MAIL ADDRESS:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

PREMISES INFORMATION

ACORD 823 attached for additional premises

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
		46 Kennedy Street	INSIDE	OWNER				
		Charleston SC 29403	OUTSIDE	TENANT			15,000	
		Charleston	INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

Moving business - no storage - ~~Tri county area - 100 mi radius~~ - 2 owners - no other employees at this time - part time business - both members of the LLC are firefighters

not limited to 100 mi. radius.

Exhibit Fit, Willing, and Able (FWA)

Fire Man's Carry LLC

Name

2346690

U.S.D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No


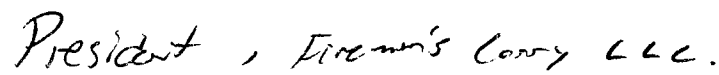
5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

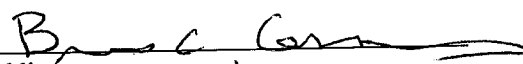
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)

SWORN TO BEFORE ME
This 23 day of Sept, 2012


Notary Public

Commission Expires 1-1-2015

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

David Fleming - FireMan's Carry LLC
Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☒ Not Applicable

Exempt

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☒ Not Applicable

I, David Fleming, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 22 day of Sept, 2012

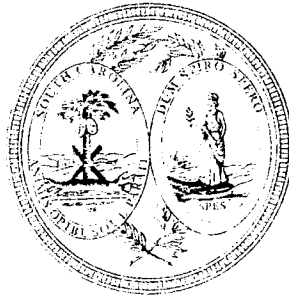
[Signature]
Applicant's Signature

[Signature]
Notary Public

Commission Expires 1-1-2015

Print Application

The State of South Carolina



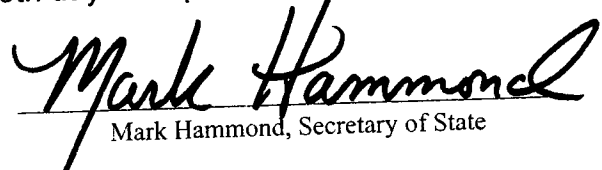
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

FIREMAN'S CARRY LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on September 17th, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
19th day of September, 2012.


Mark Hammond, Secretary of State

SEP 17 2012

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

FIREMAN'S CARRY LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

1337 Song Sparrow Way
Street Address
Hanahan SC 29410
City Zip Code

3. The initial agent for service of process is

David Fleming [Signature]
Name Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

46 Kennedy St.
Street Address
Charleston SC 29403
City Zip Code

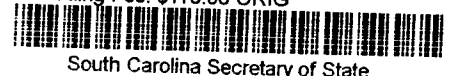
4. List the name and address of each organizer. Only one than one.

120917-0076

FIREMAN'S CARRY LLC

FILED: 09/17/2012

Filing Fee: \$110.00 ORIG



South Carolina Secretary of State

(a) David Fleming
Name

Mark Hammond

46 Kennedy St.
Street Address
Charleston SC 29403
City State Zip Code

(b) Todd Dehamielleure
Name

1337 Song Sparrow Way
Street Address
Hanahan SC 29410
City State Zip Code

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) _____
 Name

 Street Address

 City State Zip Code
- (b) _____
 Name

 Street Address

 City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

Todd R. [Signature]
 Signature of Organizer
Todd Delmonico [Signature]
 Signature of Organizer

September 14, 2012
 Date
9/15/12
 Date